1340287

FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPRO	OVAL
OMB Number:	3235-0076
Expires:	
Estimated average	e burden
hours per respons	e16,00

SEC US	SE ONLY
Prefix	Serial
DATE R	ECEIVED
1	1

Name of Offering (check if this is a SilentWhistle, Inc Series A Prefer	n amendment and name has changed, and indicate change.) and Stock	PROCESSED
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule 506 Section 4(6)	□ ULOE
Type of Filing: New Filing A	mendment	APR 0 9 2007
	A. BASIC IDENTIFICATION DATA	7
1. Enter the information requested abou	t the issuer	HOMSON
ame of Issuer (check if this is an amendment and name has changed, and indicate change.) ilientWhistle, Inc. ddress of Executive Offices (Number and Street, City, State, Zip Code) 7713 South Jordan Gateway, Suite 120, South Jordan, Utah 84095 ddress of Principal Business Operations (Number and Street, City, State, Zip Code) f different from Executive Offices) Telephone Number (Including All Street, City, State, Zip Code) Telephone Number (Including All Street, City, State, Zip Code)		FINANCIAL
SilentWhistle, Inc.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
10713 South Jordan Gateway, Suite	120, South Jordan, Utah 84095	801-617-8000
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		RECEIVED
Type of Business Organization		/S/
corporation business trust	limited partnership, already formed other (APR 0 3 2007
Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organizat	or Organization: O 6 0 5 Actual Estion: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	mated e: 199 cctilities
GENERAL INSTRUCTIONS		
Federal;	ing of securities in reliance on an exemption under Regulation D	

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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2.	Enter	the i	nior	nation	ted	ueste	d for	the fo	llowin	g:									
	• :	Each	ргоп	noter o	f th	e issi	uer, if	the is	suer h	as been or;	ganized w	ithin t	he past f	īve years;					
	•	Each	bene	ficial o	wn	er ha	ving th	e pov	er to v	ote or disp	ose, or di	rect the	e vote or	disposition	of, 10	% or more o	of a clas	s of equity securities of	the issuer.
	•	Each	cxcc	utive c	ffic	cr aı	ad dire	ctor o	f согр	orate issue	rs and of	сотро	rate gene	ral and ma	naging	partners o	f partne	rship issuers; and	
	•	Each	gene	ral end	ı mı	ınagi	ing pai	tner c	of part	nership iss	истз.								
Chec	k Box	((cs) 1	that A	Apply:			Prom	oter	Ø	Beneficia	l Owner	Ø	Executi	ve Officer	Ø	Director		General and/or Managing Partner	
		(Last		ne first M	, if	indir	vidual))											
						•				t, City, Sta Ith Jordan			,						
Chec	k Bo	x(es)	that .	Apply:			Prom	oter		Beneficia	l Owner		Executi	ve Officer	Ø	Director		General and/or Managing Partner	
		(Las		ne first	, if	indi	vidual))											
										t, City, Sta th Jordan		-					<u> </u>		
Chec	k Bo	x(cs)	that .	Apply:			Prom	oter		Beneficia	l Owner	Ø	Executi	ve Officer		Director		General and/or Managing Partner	
		(Las GRE		ne first	i, if	indi	vidual))											
Busi	ness c	or Res	iden	ce Ado	ires	s (Numb	er and	Suec	t, City, Sta	ıtc, Zip C	ode)							
107	13 Sc	outh .	Jord	an Ga	atev	vay,	Sulte	120	, Sou	th Jordar	, Utah 8	4095							
Chec	k Bo	x(es)	that .	Apply:			Prom	oter		Beneficia	d Owner		Execut	ive Officer	Z	Director		General and/or Managing Partner	
		(Las PENC		ne firsi	i, if	indi	vidual)				•		•					
Busi	ness (or Res	iden	ce Ada	ires	s (Numb	er and	Stree	t, City, Sta	ite, Zip C	ode)							
130	Lytt	on A	veni	ле #2°	10,	Pak	Alto	, Cali	fornia	94301									
Che	k Bo	x(es)	that	Apply:			Prom	oter		Beneficia	d Owner		Execut	ive Officer	Ø	Director		General and/or Managing Partner	
_		- ī <u>-</u>		ne first OBUT			vidual)				•							
										t, City, Sta 052 Japaa	_	ode)							
_							_		<u> </u>				Engant	ine Officer	177	Diseases		General and/or	
	K BO	x(ES)	inei	Apply:	·		Prom	loter	Ц	Benefici	ai Owner	U 	EXECUT	ive Officer	Ø	Director		General and/or Managing Partner	
		: (Las TYL		ne firs	t, if	indi	vidual)											
				ce Ada Cove						at, City, St	ate, Zip C	ode)							
Che	k Bo	x(es)	that	Apply	:		Prom	noter		Benefici	al Owner		Execut	ive Officer		Director		General and/or Managing Partner	
		TOE		ne fits	Ļ if	indi	vidual)											
				et, Pal			•			it, City, St 1	ate, Zip C	ode)							

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				3 TO 1940 Coperation and A 1. A.S.	FVTII	ICATIONDAT	1335 (E.)			
2. Enter the information re	quested f	or the foll	owing	;						
 Each promoter of t 	he issuer,	if the issu	uer ha	s been organized v	vithin t	he past five years	;			
 Each beneficial ow 	ner bavin _i	g the powe	r to v	ote or dispose, or d	irect the	e vote or dispositi	on of, 10	% or more c	f a clas	s of equity securities of the issuer.
 Each executive off 	icer and d	lirector of	corpo	rate issuers and of	Гсогро	rate general and n	nanaging	partners of	f partne	rship issuers; and
 Each general and r 	nanaging	partn er of	partn	ership issuers.		•				
Check Box(es) that Apply:	Pro	omoter	Ø	Beneficial Owner		Executive Office	ı 🗌	Director		General and/or Managing Partner
Full Name (Last name first, i		•	\	<u> </u>						····
Business or Residence Addre			<u>,,</u>		- 4->					
130 Lytton Avenue #210	*				.000)		<u> </u>			
Check Box(es) that Apply:	Pro	omoter	Ø	Beneficial Owner		Executive Office	er 🗌	Director		General and/or Managing Partner
Full Name (Last name first, it TPP CAPITAL ADVISOR		ıal)								
Business or Residence Addre		nher and	Street	City State 7in C	'ada'					
7-5-1-405 Akasaka, Mina				-	,cae,					
Check Box(es) that Apply:	·	omoter	_	Beneficial Owner	Ø	Executive Offic	er 🗌	Director		General and/or Managing Partner
Full Name (Last name first, HARKER, PHILIP	if individ	iul)							<u> </u>	
Business or Residence Addre	ss (Nur	nber and	Street	City, State, Zip C	ode)				-	
5105 West Old Oak Lane	, Highlai	nd, Utah	8400	3						
Check Box(es) that Apply;	☐ Pre	omoter	Ø	Beneficial Owner		Executive Offic	er 🗋	Director		General and/or Managing Partner
Full Name (Last name first, HARKER ALLEGIANCE,		sal)								
Business or Residence Addre	ss (Nu	nber and	Street	City, State, Zip C	Code)					
5105 West Old Oak Lan	e, Highla	and, Utah	ւ 840	03						
Check Box(es) that Apply:	Pr	omoter	Ø	Beneficial Owner		Executive Offic	et 🗌	Director		General and/or Managing Partner
Full Name (Last name first, NVCC NO. 6 INVESTMI			RTN	ERSHIP						
Business or Residence Addre 7-5-16 Akasaka, Minato-					Code)	·				
Check Box(es) that Apply:	☐ Pr	omoter	Ø	Beneficial Owner		Executive Offic	er 🗌	Director		General and/or Managing Partner
Full Name (Last name first, EDMUNDS, CHARLYN)		ual)								· · · · · · · · · · · · · · · · · · ·
Business or Residence Addre 10713 South Jordan Ga	•				-	5				
Check Box(cs) that Apply:	☐ Pr	omoter		Beneficial Owner		Executive Office	er 🗌	Director		General and/or Managing Partner
Full Name (Last name first,	if individ	ual)								
Business or Residence Address	ess (Nu	mber and	Street	, City, State, Zip (Code)					·
										

					B. Ir	FORMATI	ON ABOU	t offeri	YG!				
1.	Has the	issuer sold	, or does th	e icenor in	itend to se	l to non-se	eradited i	nvectore in	this offeri			Yes	No FSP
	1123 (110	133461 3010	, 0. 4003 (1			Appendix,					***************		R
2.	What is	the minim	um investm					•			***************************************	s 25,0	00.00
					•	•	•					Yes	No
3.			permit joint		-								X
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offer If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a s or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of s a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)									ne offering. with a state				
Ful	l Name (l	Last name	first, if indi	vidual)									
Bus	siness or	Residence	Address (N	lumber and	l Street, Ci	ity, State, Z	ip Code)					•	
Nai	me of Ass	sociated Br	oker or Dea	aler			•						
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						·
	(Check	"All States	" or check	individual	States)		·····	***************************************		**************	•••••••	All	1 States
	AL IL MT RI	IN NE SC	IA NV SD	AR KS NH TN	CA KY NI TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	ividual)									· · · · · · · · · · · · · · · · · · ·
Bus	siness or	Residence	Address (?	Yumber an	d Street, C	City, State,	Zip Code)						
Na	me of As:	sociated Ba	oker or De	aler					··· ·· · · · · · · · · · · · · · · · ·				
Şta	tes in Wh	ich Person	Listed Ha	Solicited	or Intends	to Solicit	Purchasers			, , , , , , , , , , , , , , , , , , , 			
	(Check	"All States	s" or check	individual	States)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	***************************************				☐ AI	l States
	AL TL MT RI	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MU OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	I Name (Last name	first, if ind	ividual)									
Bu	siness or	Residence	: Address (1	Number an	d Street, C	City, State,	Zip Code)				·		
Na	me of As	sociated Ba	roker or De	aler						,			
Sta	ites in Wi	nich Person	Listed Ha	s Solicited	or intend	s to Solicit	Purchasers	}					
	(Check	"All State	s" or check	individual	l States)	•••••	••••••	***************************************	•••••••	**************		☐ Al	II States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WY	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C-OFFERING PRICE NUMBER OF INVESTIORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box in and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Afready Sold
	Debi	s	_	\$
	Equity	s 5,721,194.3	3	\$ 5,721,194.38
	Common Preferred			
	Convertible Securities (including warrants)Includedabovein"Equity	<u> </u>		s
	Partnership Interests			_
	Other (Specify)			
	Total			
	Answer also in Appendix, Column 3, if filing under ULOE.			_
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:		Aggregate Dollar Amount of Purchases
	Accredited Investors	7		\$ 5,721,194.38
	Non-accredited Investors		_	\$
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.		_	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		-	<u> </u>
	Regulation A		_	\$
	Rule 504		_	\$
	Total		_	\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs	[\$
	Legal Fees		_ Z	s 100,000.00
	Accounting Fees			s
	Engineering Fees	_		s
	Sales Commissions (specify finders' fees separately)	[J	S
	Other Expenses (identify)			\$
	Total	-	Z	\$_100,000.00

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		5,621,194.38
5.	Indicate below the amount of the adjusted gross preeach of the purposes shown. If the amount for ar check the box to the left of the estimate. The total o proceeds to the issuer set forth in response to Part	ny purpose is not known, furnish an estimate and if the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees]\$	
	Purchase of real estate]\$	S
	Construction or leasing of plant buildings and fac	cilities]\$. 🗆 \$
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	7.6	□ \$	
				_
	Other (specify):			
]\$. [] \$
	Column Totals	[7′	\$ 5,621,194.38
			_	621,194.38
8		DIFEDERALSIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Commis-	sion, <mark>upon writt</mark> e	ale 505, the following on request of its staff,
Iss	uer (Print or Type)	Signature I	Date	
Si	entWhistle, Inc.		4/2/0	7
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)	· 11	
Ad	am Edmunds	President and Chief Executive Officer		•

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

- 14	DE STATE SIGNATURE	41542	(Again)
	ny party described in 17 CFR 230.262 presently subject to any of the disqualification visions of such rule?	Yes	No 🔀

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
SilentWhistle, Inc.	4/2/07
Name (Print or Type)	Title (Print or Type)
Adam Edmunds	President and Chief Executive Officer

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		2	3	3 4									
	To non-a	to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount purc	ivestor and hased in State -Item 2)		Disqualification Under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)					
State	Yes_	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No				
AL		<u> </u>						<u> </u>					
AK													
AZ_				_					7.				
AR													
CA			Series A Preferred Stock - \$5,721,194.38	2	\$2,999,999.95	0	0		х				
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MD													
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APPENDIX:

1		2	3			4			5 ification		
	To non-a investor	I to sell accredited is in State i-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
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MT									ſ		
NE											
NV											
NH											
NJ											
NM											
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OR									9 9		
PA		ı									
RI											
SC											
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TN									-		
TX											
UT		х	Series A Preferred Stock - \$5,721,194.38	3	\$156,472.22	0	0		х		
VT											
VA											
WA											
wv											
Wi											

1	Intend to sell To non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification Under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
WY	·-·	ļ					_	<u> </u>	
PŘ									
Japan		х	Scries A Preferred Stock - \$5,721,194.38	2	\$2,564,722.21	0	0		х